

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	517		
O.I.P.E. CLASSIFIER		19	
FORMALITY REVIEW	AS	7170	11/13

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	11/13/02	
2	✓	11/13/02	
3	✓	11/13/02	
4	✓	11/13/02	
5	✓	11/13/02	
6	✓	11/13/02	
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36	✓		
37	✓		
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

BEST AVAILABLE CO

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